

## OHS PROFESSIONAL SERVICES / CONSULTANT CERTIFICATION FORM

SUBGRANTEE:	GRANT NUMBER:
ADDRESS:	GRANT PERIOD:
SUBMITTED BY:	E-MAIL
DATE:	PHONE: (    )

This form is used to verify subgrantee's compliance with federal regulations regarding services provided by outside vendors who are under contract with the sub-grantee. This form must be completed and retained by the subgrantee for approved contract execution with the proposed vendor. Refer to the Federal Justice Grant Programs for further details.

A. Specific services to be contracted are: \_\_\_\_\_ /Contract Amount \$ \_\_\_\_\_

B. Attach a "Statement of Work" or if a contract is required, please attach a draft.

C. Contractor's Name and Address:

BY MY SIGNATURE \_\_\_\_\_ / \_\_\_\_\_ I CERTIFY THAT (Check all applicable items): \_\_\_\_\_ Authorized Agent Signature/Date

I also, hereby, certify that the content of this form, other than required data entry, has not been altered.

- \_\_\_ 1. Contractor is not debarred from participation in federal assistance programs to the best of my knowledge.
- \_\_\_ 2. Procurement of services followed an approved method. (Refer to the Administrative Guide). *Attach a description* of the procurement process used to select this contractor.
- \_\_\_ 3. This contract is for the development of software.
- \_\_\_ 4. All expenses for the services will be supported by a valid, signed contract between the project and consultant/service provider and maintained in the project file.
  - \_\_\_ The maximum hourly rate of the consultant/service provider does not exceed \$450 per 8 hour day (\$56.25/hr) **OR**
  - \_\_\_ The hourly rate exceeds \$56.25/hr and is \_\_\_\_\_/hr. *Documentation is attached* and on file that this compensation rate is reasonable and consistent with that paid for similar services in the marketplace. Documentation must include either prior contract(s) or invoices (2 or 3) between the consultant and other agency(ies) for similar work, if possible, **OR** comparison with other potential providers of the same or similar work (attach copies).
- \_\_\_ 5. Contracts in excess of \$25,000 and the company has 50 or more employees - The Contractor has an affirmative action plan. If contract is for \$500,000 or more, a copy of the company's EEOP must be attached with this request.
- \_\_\_ 6. Dual compensation is not involved (i.e. the consultant is not receiving payment from more than one source for the same work for this project).
- \_\_\_ 7. Contractor/Consultant is not a public employee.
- \_\_\_ 8. Transportation and subsistence costs for travel (if applicable) does not exceed established local travel policies or state travel policy in the absence of local policy.
- \_\_\_ 9. Time and activity records will be maintained in the project file and will be the basis (invoice) for payments to the contractor.

DETAILED INSTRUCTIONS FOR COMPLETING  
PROFESSIONAL SERVICES / CONSULTANT CERTIFICATION FORM

**HEADING**

**Sub-grantee:** This is the agency to which the grant award was made.

**Grant Number:** This is the grant number assigned to the project by OHS. It can be found on the Grant Award Notification Letter.

**Grant Award Period:** This is the period of the grant award. It can be found on the Statement of Grant Award, and is changed only if the project requests and receives a grant extension.

**Submitted by:** The name of the person completing the form. (Include this person's phone number and e-mail contacts)

**Date:** The date this form is completed.

A. **Specific Services to be Contracted:** Provide a brief description of the type of service you are contracting and the proposed contract amount.

B. Attach a proposed Statement of Work. The Statement of Work must include: 1) Project Objectives, 2) Work Tasks, 3) Work Product/Deliverables, 4) Time Line, and 5) Quote/Cost. If your procurement process requires a contract, attach a draft copy.

C. **Contractor's Name and Address:** This is the name and address of the contractor from which the services described in #1 are to be completed.

The Authorized Agent should sign this form certifying compliance to the applicable items, based on federal guidelines.

1-9. Each item that applies to this contract should be marked by an "X". Some items may not apply and should be marked with "N/A". All documentation should be maintained within the sub-grantee project file. *Please note that some items request additional documentation.*